

THIRTY-NINTH MEETING
NATIONAL DEAFNESS AND OTHER COMMUNICATION DISORDERS
ADVISORY COUNCIL

May 24, 2001

National Institutes of Health
Bethesda, Maryland

MINUTES

The National Deafness and Other Communication Disorders Advisory Council convened for its thirty-ninth meeting on May 24, 2001, in Building 31, Conference Room 10, National Institutes of Health (NIH), Bethesda, MD. Dr. James F. Battey, Jr., Director, National Institute on Deafness and Other Communication Disorders (NIDCD), served as Chairperson. In accordance with Public Law 92-463, the meeting was:

Open: May 24, 2001: 8:30 a.m. to 12:00 p.m., for the review and discussion of program development, needs and policy; and

Closed: May 24, 2001: 12:00 p.m. to 1:50 p.m. for review of individual grant applications.

Council members present:¹

Dr. Rita S. Berndt
Dr. Gail D. Burd
Dr. Bernard Cohen
Dr. David P. Corey
Ms. Rebecca Dresser
Dr. Judy R. Dubno
Dr. Beverly Emanuel
Dr. Ronald R. Hoy
Dr. Jacqueline E. Jones

Dr. Nicolas Linares-Orama
Mr. John Madison
Dr. Miriam H. Meisler
Ms. Donna L. Sorkin
Ms. Virginia W. Stern
Dr. Orlando Taylor
Dr. Ingo Titze
Dr. Gregory T. Wolf

Council member absent:
Dr. Bernard Harris

¹For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications (a) from their respective institutions or (b) in which a real or apparent conflict of interest might occur. This procedure applies only to individual discussion of an application and not to "en bloc" actions.

Ex-Officio Members present:

Dr. Lucille B. Beck

Ex-Officio Members absent:

Dr. John R. Franks
Dr. Michael E. Hoffer

The Council roster is found as Appendix 1.

Various members of the public, as well as NIDCD staff and other NIH staff, were in attendance during the open session of the Council meeting. A complete list of those present for all or part of the meeting is found in Appendix 2.

I. Call To Order and Opening Remarks Dr. James F. Battey, Jr.

The meeting was called to order by Dr. Battey, Director, NIDCD, who expressed his appreciation to all Council members for their service and advice to the Institute.

II. Council ProceduresDr. Craig A. Jordan

Procedural Matters

Dr. Jordan discussed important procedural matters, including requirements imposed by the Government in the Sunshine Act and the Federal Advisory Committee Act. The necessity of members avoiding conflict of interest, or the appearance thereof, was stressed, as was the need to maintain confidentiality concerning the proceedings and materials related to the closed portion of the meeting. Dr. Jordan announced that the Council meeting would be open to the public during the morning session, but would be closed for consideration of grant applications during the afternoon.

Consideration of Minutes from the Meeting of January 26, 2001

Dr. Battey called members' attention to the Minutes of the Council's meeting of January 26, 2001. The minutes were approved as written.

Confirmation of Dates for Future Council Meetings

Dates for the Council meetings through September 2002 have been established. A list of these meetings was distributed to the Council members. The next meeting of Council is scheduled for Friday, September 21, 2001 in the Natcher Building on the NIH campus, Bethesda, Maryland.

III. Report of the Director, NIDCDDr. Battey

Budget Considerations

In his discussion of the Institute's budget, Dr. Battey described how the nearly \$55.5 million available for new and competing research project grants has been allocated for FY2001. First, \$8.7 million is required for fiscal year programmatic requirements. The remaining \$46.7 million is then divided equally among the three Council meetings, yielding \$15.6 million for the May Council. Twenty percent is designated for High Program Priority (HPP), leaving approximately \$12.5 million available for the initial payline, which should allow funding of all applications to the 25th percentile plus additional HPP applications. A copy of the slides Dr. Battey used for his budget presentation is included in these Minutes as Appendix 3.

Mouse Sequencing Consortium

Dr. Battey updated the Council on the Mouse Sequencing Consortium's (MSC) program to accelerate the availability of mouse genome data. On May 8, the MSC announced it had achieved its goal to generate three-fold coverage of the mouse DNA sequence. These data, produced over a six-month period, represent at least 95 percent of the full complement of mouse DNA and are freely available for the unrestricted use of researchers worldwide.

The MSC, comprised of three private companies, six institutes of the National Institutes of Health and the Wellcome Trust, was formed in October 2000 to work collaboratively to produce a draft sequence of the mouse genome. The availability of these data is considered essential to the further understanding of the human genome. Not only is the genome of the mouse about the same size as that of the human (approximately 3.1 billion base pairs), mice and humans share very similar genes. Thus, the DNA sequence of the mouse genome is an essential tool to identify and study the function of human genes.

IV. Report of the Director, Division of Extramural Research Dr. Robert Dobie

▪ New Staff

Dr. Dobie introduced Dr. Ali Azadegan, a new employee of the Division. Dr. Azadegan will serve as a Scientific Review Administrator in the Scientific Review Branch.

▪ National Institute of Biomedical Imaging and Bioengineering (NIBIB)

Dr. Dobie introduced Dr. Lynn Luethke, who gave an overview of the plans to establish the National Institute of Biomedical Imaging and Bioengineering (NIBIB). The mission of NIBIB is to improve health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities. The Institute will coordinate with the biomedical imaging and bioengineering programs of other agencies and NIH Institutes to support imaging and engineering research with potential medical applications, and facilitate the transfer of such technologies to medical

applications. Current NIH efforts are aimed at developing the Institute and transitioning appropriate imaging and bioengineering activities into the NIBIB. Dr. Donna J. Dean has been named Acting Director of NIBIB, and a budget request has been submitted for FY2002. Dr. Luethke discussed NIBIB's plans for interactions with other NIH IC programs, including referral and funding issues.

▪ *Translational Research*

In response to a question raised in a previous Council meeting, Dr. Dobie gave several examples of translational research funded by NIDCD. These included:

- the application of modern molecular techniques to the identification of target antigens for possible vaccines against otitis media;
- the application of basic psychophysical research findings to improved fitting of cochlear implants and hearing aids;
- the application of new analysis methods in evoked potentials to the detection of acoustic tumors; and
- the application of the recent discovery of directional sound receivers in insects to improved hearing aid microphone design.

▪ *Research Training in Audiology*

On April 4, NIDCD sponsored a Discussion Group on Research Training in Audiology, organized by Drs. Amy Donahue and Daniel Sklare. This involved informal exploratory discussions with selected members of the audiologic research community concerning the changing professional education of clinical audiologists in the United States, and its implications to future research and research training in audiology. Dr. Dobie said that this resulted in a "fruitful discussion," and that Dr. Donahue and Dr. Sklare will continue with this initiative.

▪ *Implementation Plan*

Dr. Dobie reported that the FY 2001-02 Implementation Plan had been added to the Advisory Council Homepage for easy reference.

▪ *Genetic Testing and the Clinical Management of Nonsyndromic Hereditary Hearing Impairment*

NIDCD, partnering with the National Human Genome Research Institute, has published a program announcement with set aside funds for Genetic Testing and the Clinical Management of Nonsyndromic Hereditary Hearing Impairment. This initiative has three receipt dates, and applications will be presented at the Council meeting in September. The initiative invites research grant applications to study genetic testing as it relates to the clinical management of nonsyndromic hereditary hearing impairment. This includes the clinical validity and utility of genetic testing for hereditary hearing impairment, the utilization of genetic information in clinical management and outcomes, and the impact of genetic testing on the behaviors and attitudes of individuals with hearing impairment and their families. Dr. Donahue is the lead on this activity and has received numerous

inquiries and letters of intent to submit applications. Hopefully, the NIDCD will receive high quality applications that will allow support of several grants in this research area over the coming year.

▪ Autoimmune Diseases Coordinating Committee

The NIDCD has participated in the activities of the Autoimmune Diseases Coordinating Committee (ADCC) since its inception in 1998 in response to Congressional interest in funding research in autoimmune diseases.

The 2000 Children's Health Act contains language directing NIH to develop a comprehensive and coordinated plan for research in autoimmune diseases (not just restricted to children). Work on the development of this plan has begun, and will continue into 2002; comments on the draft plan will be solicited from an "Expert Panel." The plan will then be submitted for approval to NIH Director, Secretary DHHS, and finally Congress. It is likely that the approved plan will lead to the development of initiatives targeted to various elements of the plan (etiopathogenesis, education and information dissemination, epidemiology, and clinical studies).

V. Update on New Investigators Dr. Donald Luecke

For several years, the NIDCD has closely monitored the influx of 'new investigators' into the ranks of NIDCD-funded researchers. The number of newly independent investigators (defined as first-time funding of an R01, or the now discontinued R29 award) had fallen in the mid-90s to about 50% of former years. With additional Council emphasis, the number of new R01s has risen nearly four-fold from the low of five in 1996. In order to further enhance successful transition to independence, the NIDCD has increased emphasis on research training by initiating an expedited review and award of fellowships. Close scrutiny is also being given to the effectiveness of NIDCD career awards (K-series) and small grants (R03) which are aimed at the interval between postdoctoral research training and independence as an investigator. Dr. Luecke shared some recent new investigator data as an update to previous Council discussions. Copies of his slides can be found as Appendix 4.

**VI. Update on NIDCD Health Communication,
Public Liaison and Science Education Activities Dr. Marin Allen**

Next, Dr. Battey welcomed Dr. Marin Allen, Chief of NIDCD's Office of Health Communication and Public Liaison. Dr. Allen presented an update on ongoing NIDCD health communication, public liaison and science education activities. Dr. Allen's office coordinates the distribution of health information related to all the Institute's mission areas. She discussed some of the fact sheets, brochures, reports, directories, database searches, and other resources that are available to both the public and health professionals. Dr. Allen also described activities of the NIDCD Information Clearinghouse, a national resource center which was established to help locate information about human communication disorders. She also acquainted Council with

the WISE EARS! campaign to prevent noise-induced hearing loss across the nation. Another important activity included in Dr. Allen's office is the Combined Health Information Database (CHID), a valuable online reference tool that leads to journal articles and patient education materials relevant to a variety of health topics. Dr. Allen concluded her presentation by introducing the new NIDCD logo to Council, and distributing folders containing a sampling of the documents her office prepares.

VII. Scientific Presentation:Dr. Gary Beauchamp

Dr. Battey introduced Dr. Gary Beauchamp, Director and President, Monell Chemical Senses Center, Philadelphia, Pennsylvania. Dr. Beauchamp had accepted the Institute's invitation to discuss his research in the areas of chemical senses and food intake in mammals; molecular, cellular and behavioral genetics of chemosensory perception; and the role of chemical stimuli in regulating behavior and physiology of mammals.

Following is an abstract of Dr. Beauchamp's presentation:

"Of Mice and Humans: Models for Chemoreception "

Three lines of research on chemosensory perception were briefly discussed in this presentation. Binding the three together was the demonstration of the dynamic interaction between studies with humans and mouse models. First, progress in the identification of a sweet receptor was described. A positional cloning strategy located a restricted area of chromosome 4 in the mouse containing a gene involved in sweet taste perception. Search of the corresponding portion of the human genome helped identify a candidate gene and further mouse testing supported the hypothesis that this gene is a sweet taste receptor. Current studies are evaluating the variation of this gene in human populations as well as its potential role in human disease. Second, the ability of animals to identify individual humans by their body scent motivated animal model studies to identify the genes underlying individual odor production. Through use of inbred and congenic mice, it was demonstrated that the Major Histocompatibility Complex of genes (intimately involved in immune function and organ transplantation) codes for olfactory identity. Studies on the mechanisms of odor specification, the role of the odors in modulating behavior and their mode of perception are continuing with both mice and humans. Finally, preliminary studies of disease diagnosis by odor were outlined. Anecdotal studies with humans indicate that specific diseases may be characterized by distinctive odors. A mouse model, Mouse Mammary Tumor Virus is being studied to rigorously document and characterize one example. In later studies, the potential for odor diagnosis of human disease will be explored.

VIII. NIDCD Contract-Supported ResearchDr. Battey

In response to a prior Council inquiry, Dr. Battey discussed NIDCD's funding of contracts, providing a summary of the Institute's currently funded Research and Development contracts.

CLOSED SESSION

IX. Council Consideration of Pending Applications

The Council gave special attention to applications from foreign institutions and to applications involving issues related to protection of human subjects, animal welfare, biohazards and/or women/minority/children representation in study populations as identified by the initial review groups.

A. Research Project (R01) Awards

1. Consideration of Applications: On the Council's agenda was the second-level review of 116 applications (R01); 90 applications had primary assignment to NIDCD, in the amount of \$20.7 million first-year direct costs. It is anticipated that, of the applications competing at this Council, NIDCD will be able to award grants to applications scoring through the 25th percentile.

B. Special Programs Actions

1. Small Grants (R03): The Council recommended support for sixteen applications.
2. Small Business Technology Transfer (STTR): The Council recommended support for one Phase I (R41) application.
3. Small Business Innovation Research Awards (SBIR): The Council recommended support for three Phase I (R43) and three Phase II (R44) applications.
4. Biological Mechanisms of Noise (DC-00-002) (R21): The Council recommended support for five applications.
5. Promotion and Disease Prevention: Health Communication, Development and Dissemination (DC-00-003) (R25): The Council recommended support for three applications.
6. NASA/NIDCD Studies of Sensory-Motor Functions Responsive to Gravity in Genetically Altered Model Systems (DC-01-001) (R21): The Council recommended support for four applications.
7. Innovative Rehabilitation Interventions (RFA-HD00-016) (R21): The Council recommended support for three applications.
8. Neuroscience Technology Development (PA-98-050) (R21): The Council recommended support for one application.
9. Research Centers Applications (P50): The Council recommended support for two applications.

C. Career Development Programs

1. Research Scientist Development Award (K02): The Council recommended support for one application.
2. Mentored Patient-Oriented Research Career Development Award (K23): The Council recommended support for one applications.

X. Adjournment: The meeting was adjourned at 1:50 p.m. on May 24, 2001.

X. Certification of Minutes

We certify that, to the best of our knowledge, the foregoing minutes and attachments are accurate and correct.²

Craig A. Jordan, Ph.D.
Executive Secretary
National Deafness and Other Communication
Disorders Advisory Council

James F. Battey, Jr., M.D., Ph.D.
Chairman
National Deafness and Other Communication
Disorders Advisory Council

Director
National Institute on Deafness and
Other Communication Disorders

Jeannie Combs
Council Assistant

² These minutes will be formally considered by the Council at its next meeting; corrections or notations will be incorporated in the minutes of that meeting.

APPENDICES

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Appendix 1

Roster

National Deafness and Other Communication Disorders Advisory Council

Chairperson

Battey, James F., Jr., M.D., Ph.D.

Director

National Institute on Deafness and Other Communication Disorders

Bethesda, Maryland 20892

BERNDT, Rita S., Ph.D. Professor Department of Neurology University of Maryland School of Medicine Baltimore, Maryland	2002	DRESSER, Rebecca S., J.D. Professor, School of Law and Program for the Humanities in Medicine Washington University School of Law St. Louis, Missouri	2001
BURD, Gail D., Ph.D. Professor and Associate Department Head Molecular and Cellular Biology University of Arizona Tucson, Arizona	2003	DUBNO, Judy R., Ph.D. Professor Department of Otolaryngology- Head and Neck Surgery Medical University of South Carolina Charleston, SC	2003
COHEN, Bernard, M.D. Morris B. Bender Professor of Neurology Department of Neurology Mount Sinai School of Medicine City University of New York New York, New York	2002	EMANUEL, Beverly S., Ph.D. The Charles E.H.Upham Professor of Pediatrics University of Pennsylvania School of Medicine; Chief, Division of Human Genetics and Molecular Biology The Children's Hospital of Philadelphia Philadelphia, PA	2004
COREY, David P., Ph.D. Professor of Neurobiology Harvard Medical School Neurobiologist, Department of Neurobiology Massachusetts General Hospital Boston, Massachusetts	2001	HARRIS, Bernard A., Jr., M.D. Vice President Microgravity and Life Science SPACEHAB, Inc. Houston, Texas	2002
		HOY, Ronald R., Ph.D. Professor Section of Neurobiology and Behavior Cornell University Ithaca, New York	2003

JONES, Jacqueline E., M.D. Associate Professor of Clinical Otolaryngology Cornell University Medical College New York, New York	2002	WOLF, Gregory T., M.D. Chair, Department of Otolaryngology- Head and Neck Surgery University of Michigan Medical Center Ann Arbor, Michigan	2001
LINARES-ORAMA, Nicolas, Ph.D. Professor Office for Research and Development College of Health Professions University of Puerto Rico Medical Sciences Campus San Juan, Puerto Rico	2004	<u>Ex-Officio Members:</u> BECK, Lucille B., Ph.D. Director Audiology and Speech Pathology Service Department of Veterans Affairs Washington, D.C.	
MADISON, John P., Ed.D. Associate Professor Department of English National Technical Institute for the Deaf Rochester, NY	2004	FRANKS, John R., Ph.D. Chief, Bioacoustics and Occupational Vibration Section Physical Agent Effects Branch Division of Biomedical and Behavioral Science National Institute for Occupational Safety and Health Cincinnati, Ohio	
MEISLER, Miriam H., Ph.D. Professor Human Genetics Department School of Medicine University of Michigan Ann Arbor, Michigan	2003	HOFFER, Michael E., M.D. Co-Director Department of Defense Spatial Orientation Center Department of Otolaryngology Naval Medical Center San Diego, California	
SORKIN, Donna L. Executive Director Alexander Graham Bell Association for the Deaf and Hard of Hearing Washington, DC	2002	SHALALA, Donna E., Ph.D. Secretary Department of Health and Human Services Washington, D.C.	
STERN, Virginia W. Director, Project on Science, Technology and Disability American Association for the Advancement of Science Washington, D.C.	2001	KIRSCHSTEIN, Ruth L., M.D. Acting Director National Institutes of Health Bethesda, Maryland	
TAYLOR, Orlando L., Ph.D. Dean Graduate School of Arts & Sciences Howard University Washington, D.C.	2001	<u>EXECUTIVE SECRETARY</u>	
TITZE, Ingo R., Ph.D. Distinguished Professor Department of Speech Pathology and Audiology University of Iowa Iowa City, IA	2004	JORDAN, Craig A., Ph.D. Executive Secretary Division of Extramural Research, NIDCD Bethesda, Maryland	

Appendix 2

ATTENDANCE LIST

Other than Council members, attendees at the May 2001 Council meeting included:

NIDCD Staff:

Office of the Director

Luecke, Donald H., M.D., Deputy Director

Lopez, Joyce, Program Specialist

Blessing, Patricia, Web Manager

Office of Health Communication and Public Liaison

Allen, Marin, Chief

Riehs, Sharon, Public Relations Specialist

LaBella, Shirley

Office of Administration

Kerr, W. David, Executive Officer

Financial Management Branch

Sparks, Patience, Budget Officer

Information Systems Management Branch

Jones, Jackie, Chief

Science Policy and Legislation Branch

Smith, Mary, Acting Chief

Wong, Baldwin, Program Analyst

Le, Lonnie, Public Affairs Specialist

Nasseri, Cyrus, NIDCD Clearinghouse

Hilliard, Cory, NIDCD Clearinghouse

Equal Employment Opportunities Branch

Johnson-Graham, Kay, EEO Officer

Division of Extramural Research

Dobie, Robert A., M.D., Director

Combs, Jeannie, Program Analyst

DaSilva, Maria, Program Assistant

Holmes, Debbie, Secretary

Stephenson, Nanette, Program Assistant

Grants Management Branch

Stone, Sara, Chief
Chicchirichi, David, Grants Management Specialist
Dabney, Sherry, Grants Management Officer
Hamilton, Gail, Grants Management Specialist
McNamara, Castilla, Grants Management Specialist
Ranney, Meigs, Grants Management Officer

Scientific Programs Branch

Cooper, Judith, Ph.D., Chief; and Program Director, Language

Voice, Speech, Language, Smell and Taste Section

Davis, Barry, Ph.D., Program Director, Taste/Gustation
Shekim, Lana, Ph.D., Program Director, Voice, Speech
and Language
Hambrecht, Terry, M.D., Consultant

Hearing and Balance/Vestibular Section

Donahue, Amy, Chief; and Program Director, Hearing
Freeman, Nancy, Ph.D., Program Director, Hearing
Johnson, Thomas, Ph.D., Program Director, Hearing
Luethke, Lynn, Ph.D., Program Director, Hearing

Clinical Trials, Epidemiology and Biostatistics Section

Gulya, Julie, M.D., Chief, Program Director, Clinical Trials
Hoffman, Howard, Program Director for
Epidemiology & Biostatistics
Jelen, Janet, Computer Specialist
Chiu, May, Program Analyst

Scientific Review Branch

Jordan, Craig A., Ph.D., Chief
Azadegan, Ali, Scientific Review Administrator
Oaks, Stanley C., Ph.D., Scientific Review Administrator
Stick, Melissa J., Ph.D., M.P.H., Scientific Review Administrator

Center for Scientific Review, NIH

Kimm, Joseph, Ph.D., Scientific Review Administrator
Kenshalo, Daniel, Ph.D., Scientific Review Administrator
Melchior, Christine, Ph.D., Scientific Review Administrator

Others

Moss, Sharon, Ph.D., American Speech and Hearing Association
Getchell, Thomas, Ph.D., Professor, University of Kentucky
Beauchamp, Gary, Ph.D., Monell Chemical Senses Center

Appendix 3

NIDCD Director's Report Slides

As Presented By
James F. Battey, Jr., M.D., Ph.D.
NIDCD Advisory Council Meeting

May 24, 2001

National Institute on Deafness and Other Communication Disorders

**May 2001 Council
Competing Research Project Grants
(Dollars in thousands)**

\$ 55,482

-8,713 Programmatic funding requirements

46,769

/3

15,590 Identified for May Council

x.20

3,118 Available for HPP

**\$12,472 Available for initial payline
to the 25.0 percentile**

National Institute on Deafness and Other Communication Disorders

**Programmatic Funding Requirements
(Dollars in thousands)**

-188	AIDS - competing
-500	Mouse mutagenesis/phenotyping centers
-750	Exploratory grant in NIHL
-300	Mutagenesis screens/phenotyping tools- Zebrafish
-250	Sensory motor functions responsive to gravity in genetically altered model system
-500	Innovative rehabilitation intervention
-250	Development of innovative treatment approaches to Autism
-375	Mechanisms underlying innervation of specific taste receptor cells
-2,300	Small grants (R03)
-750	Genetic testing and clinical management of HHI
-550	High impact research (R21)
-500	Carryover
-1,000	Mouse sequencing consortium
-250	Targeted Mouse Mutants
-250	Autism Treatment

National Institute on Deafness and Other Communication Disorders
Research Project Grants
(Dollars in thousands)

FY 2002
President's Budget

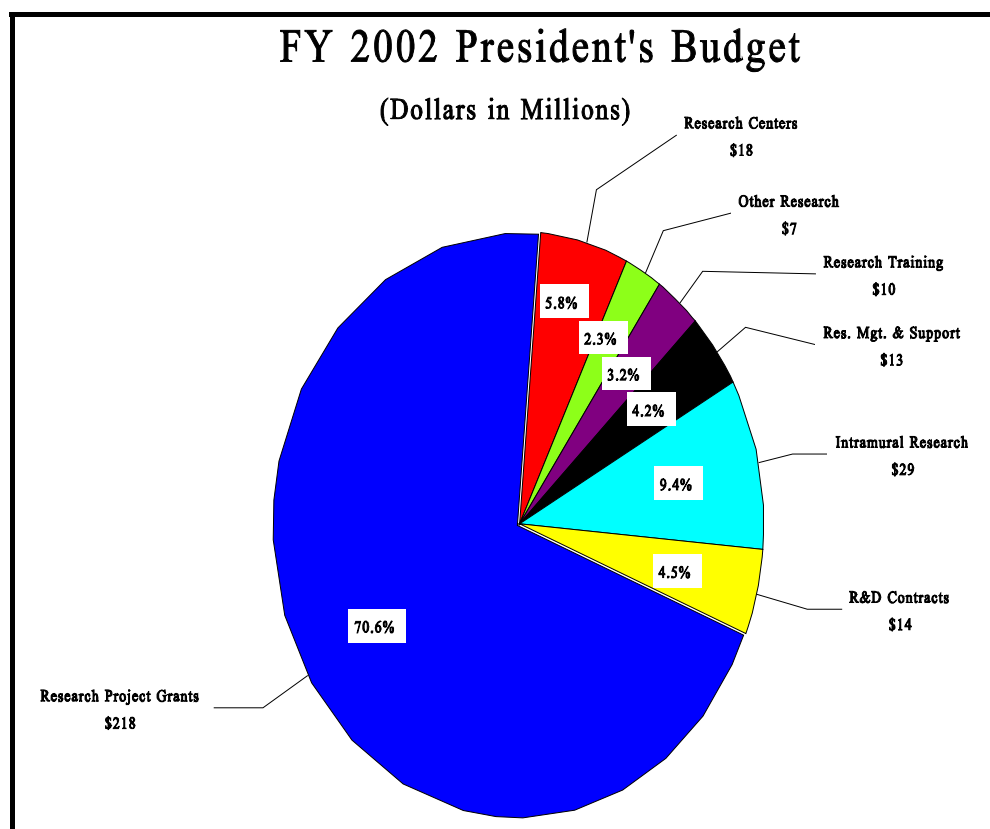
	No.	Amount
Noncompeting	596	\$172,450
Admin. Supp.	(30)	1,100
Competing	224	63,895
Subtotal, RPGs	820	237,445
SBIR/STTR	32	7,728
Total, RPGs	852	245,173

**National Institute on Deafness and Other Communication Disorders
Budget Mechanism**

(Dollars in thousands)

	<u>FY 2002</u> <u>President' s Budget</u>	<u>Percent of</u> <u>Total</u>
Research Projects Grants	\$245,173	72.8%
Research Centers	18,281	5.4%
Other Research	<u>6,921</u>	<u>2.1%</u>
Total, Res. Grants	270,375	80.3%
Individual Training	3,766	
Institutional Training	<u>6,614</u>	
Total, Training	10,380	3.1%
R&D Contracts	13,720	4.1%
Intramural Research	<u>29,117</u>	8.6%
Research Mgmt. & Support	13,165	3.9%
 TOTAL	 336,757	

National Institutes of Health
National Institute on Deafness and Other Communication Disorders



Appendix 4

Update on New Investigators

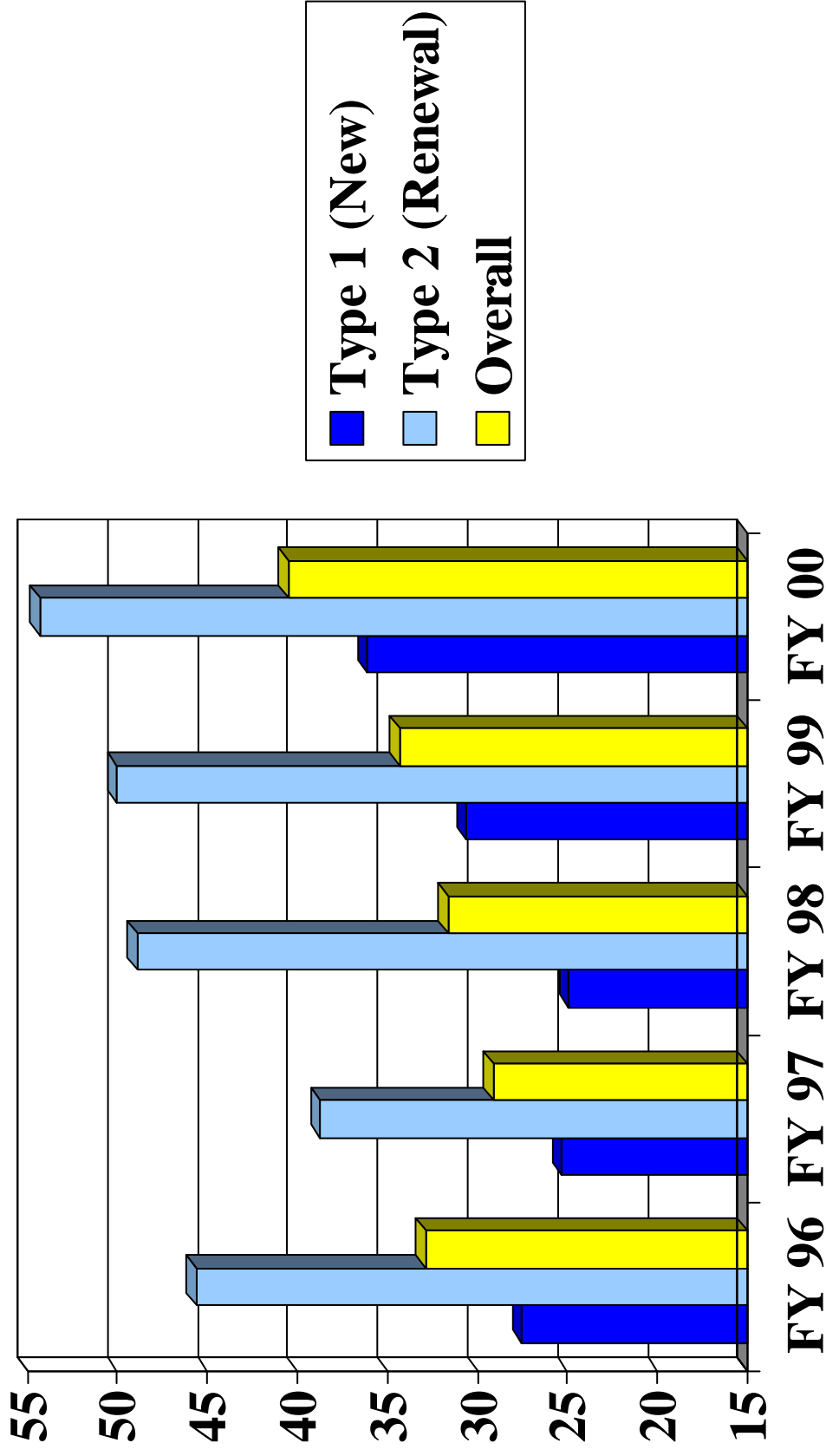
As Presented By

Donald H. Luecke, M.D.

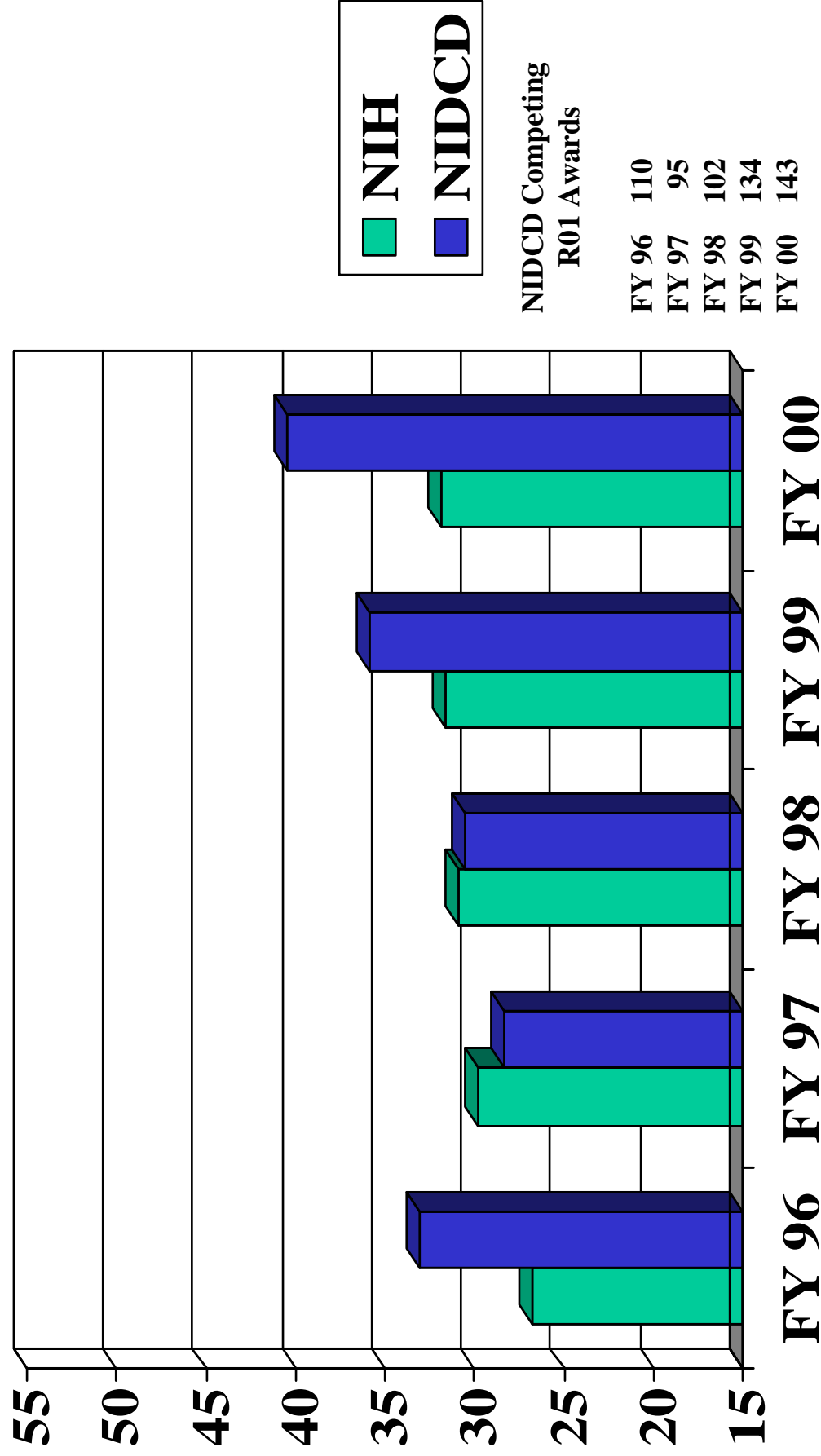
NDCD Advisory Council Meeting

May 24, 2001

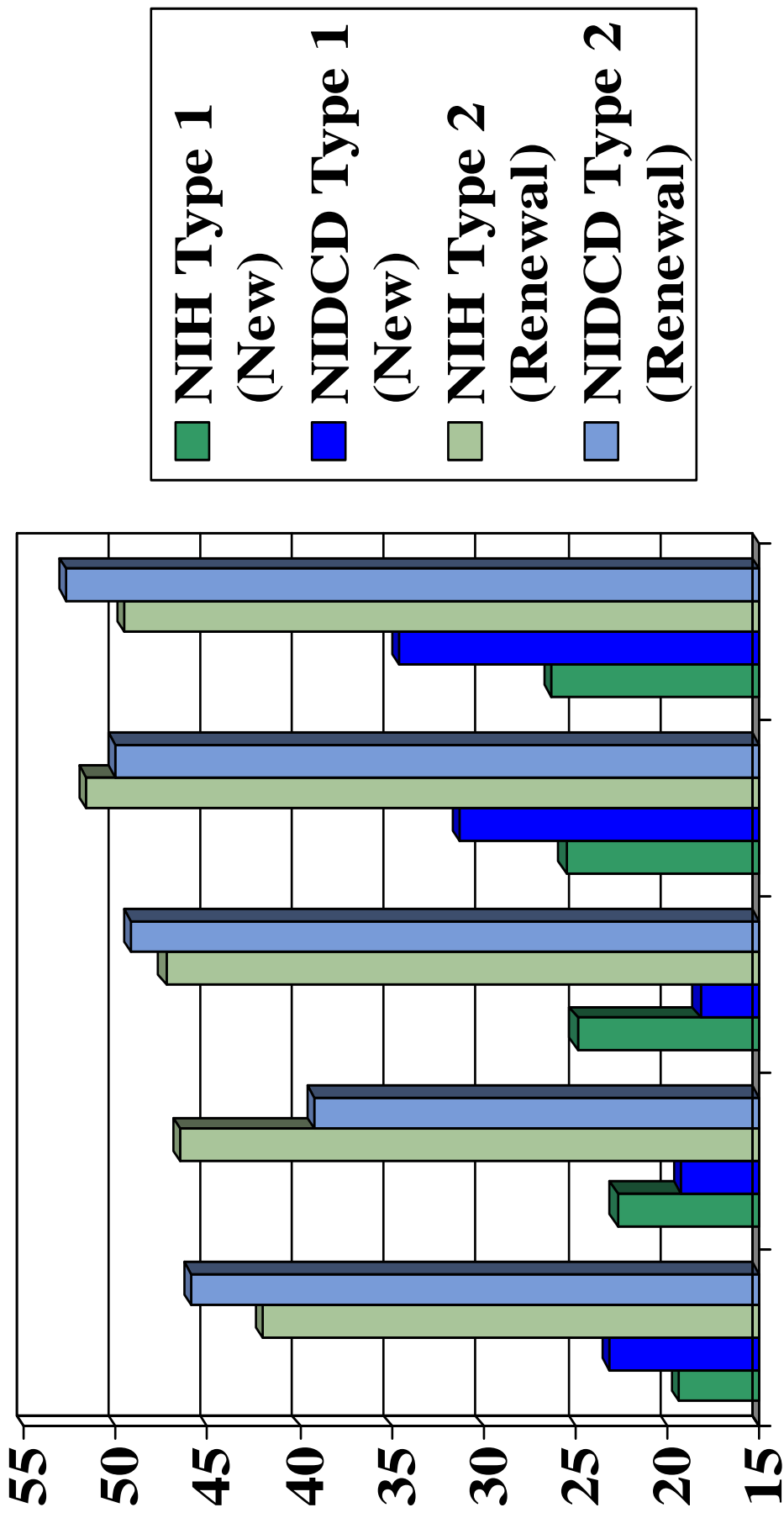
Competing RPG Success Rates NIDCD: Types 1, 2 and Overall



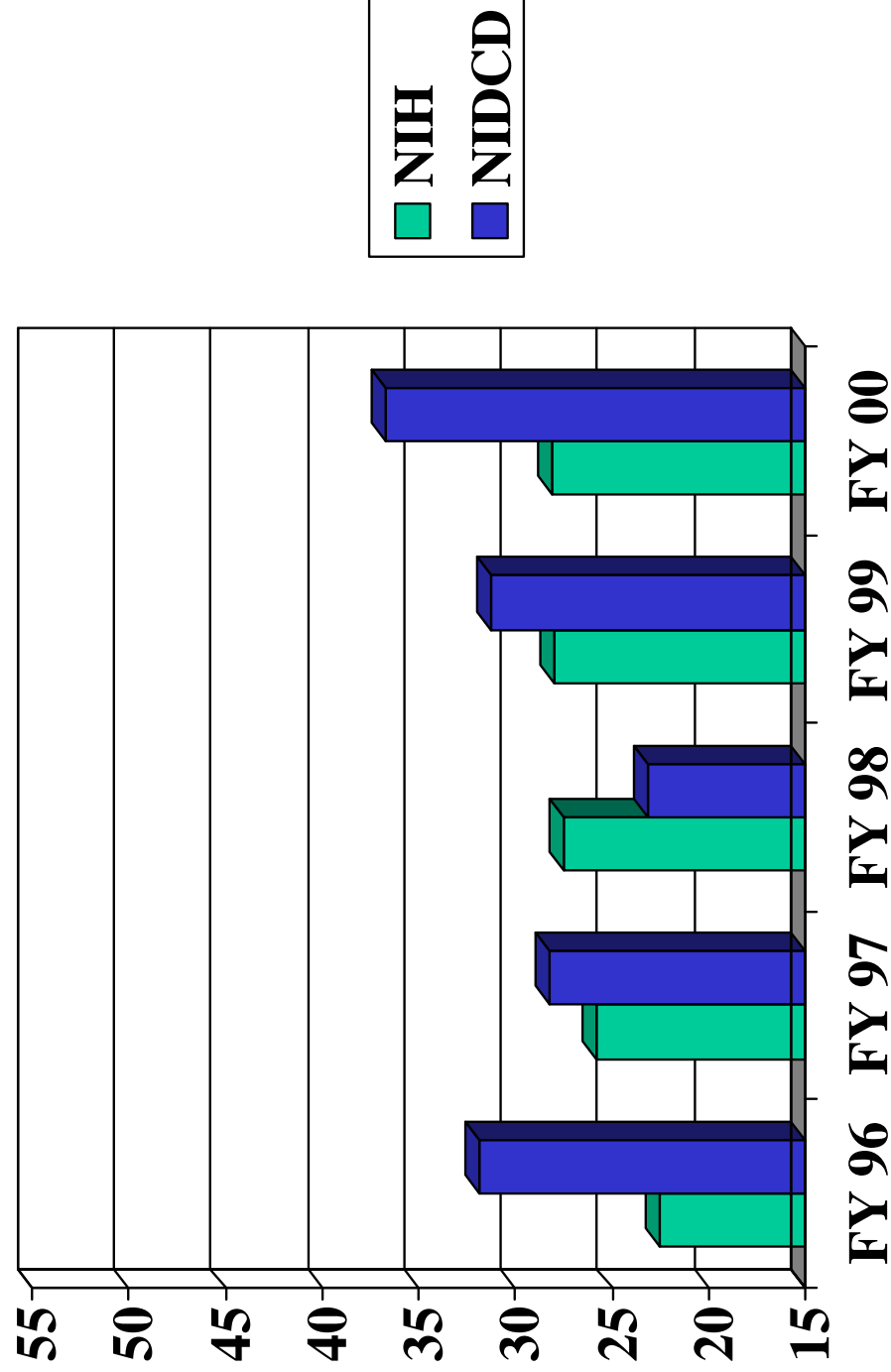
Competing R01 Success Rates NIH Overall and NIDCD



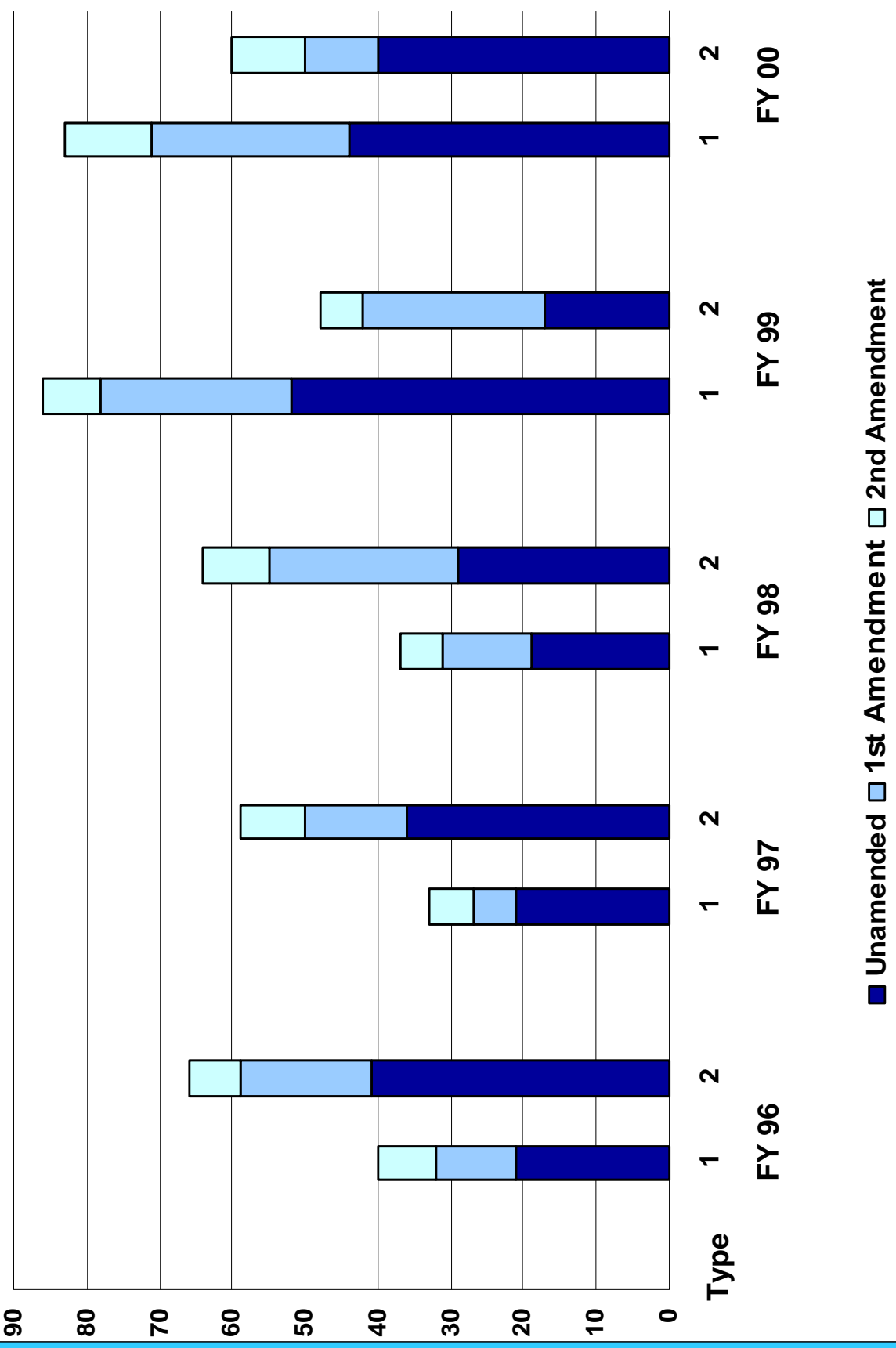
Competing R01 Success Rates NIH Overall and NIDCD: Types 1 and 2



Competing R01 Success Rates on Unamended Applications: NIH Overall and NIDCD



NIDCD R01 Awards By Amendment Status



NIDCD R01 PROGRAM

FY	Awards	P.I.s	New Investigators*		
			R29	R01	Applicants
1996	400	374	15	5	NA
1997	395	355	15	9	NA
1998	410	377	21	7	NA
1999	496	444	1	13	NA
2000	532	479	0	18	64

* Someone within 10 years of receipt of terminal degree (excluding years of clinical training); who may have had an R03, R15, P subproject or K-award, but NOT an R29 or R01.

In Summary: NIDCD Five Years 1996-2000

- **No. of R01 PIs increased by 105 (374-479)**
- **No. of new R01s (Type 1) from <40/yr ('96-'98) to >80/yr ('99, '00)**
- **Success rates for Type 1 R01 below NIH avg. '97 & '98 now above; '00 26% (NIH) 35% (NIDCD)**
- **No. of new investigators funded yearly has risen to 18 in '00 (18/83=22% of Type 1), but remains below the 30-40/yr of former years**
- **Need to focus on “pipeline”-enhanced research training; re-assessment of small grant (R03)**